

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014334

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 700

FILED APR 24 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY BUTLER	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF	a. STATE MO.	b. COUNTY STODDARD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL		c. CITY OR TOWN ESSEX.	d. STREET ADDRESS ROUTE # 2,
Length of stay in 1b 2 Da.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First GERO	Middle JESSE	Last LAWS	Month Day Year APRIL 17, 1962
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1896
9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY Crop Farming	11. BIRTHPLACE (City and state and country) PERRYVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY USA		13. NAME OF HUSBAND OR WIFE ELGRIE NAOMI WILSON	
13a. FATHER'S NAME JESSE LAWS		13b. MOTHER'S MAIDEN NAME HENRIETTA LAYTON	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. [REDACTED]	
16. INFORMANT Elgie Laws, Essex, Mo. Route # 2		Address	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
IMMEDIATE CAUSE (a) INTESTINAL OBSTRUCTION		
DUE TO (b) CARCINOMATOSIS		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from APRIL 16, 1962 to APRIL 17, 1962 and last saw him alive on APRIL 16, 1962	
Death occurred at 8:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Robert H. Turner MD</i>	(Degree or title)	22b. ADDRESS 215 OAK ST. POPLAR BLUFF, MO.	22c. DATE SIGNED 4/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE APR. 18, 62	23c. NAME OF CEMETERY OR CREMATORY ST MARYS CEMETERY	23d. LOCATION (City, town, or county) PERRYVILLE, MISSOURI

24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4/20/1962	26. REGISTRAR'S SIGNATURE <i>Betty Reid Deputy Registrar</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10128

21030

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Herbert H. Haines

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
& by LULU COOPER # 3499, ~~STUDENT EMBALMER~~ No. _____

~~working under the supervision of~~

Student _____
Signature of Student Embalmer

Signed *Ivan E. Boger*

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.